

VETERANS AND HUMAN SERVICES LEVY
Third Quarter 2009 Report

This Third Quarter 2009 Report on the implementation of the Veterans and Human Services (VHS) Levy was developed in response to the 2009 Adopted King County Budget (Ordinance 16312, Sections 69 and 70), approved by the council in November 2008, that called for quarterly reports on the progress of levy implementation. Proviso One of Section 69 pertaining to the Veterans Levy Fund states:

“Of this appropriation, \$100,000 shall not be expended or encumbered until the executive submits four quarterly progress reports for the veterans and human services. The quarterly reports shall include at a minimum: the amount of funding expended to date, the amount of funding contracted to date, the number and status of request for proposals to date and any individual program statistics available, such as number of individuals served. The quarterly reports are due on March 1, June 1, September 1, and December 1, 2009, for council review.”

A similar proviso in Section 70 pertains to the Human Services Levy Fund, with identical requirements and timelines.

This Third Quarter 2009 Report on the implementation of the VHS Levy is submitted to the council per the budget provisos. It includes a summary of the VHS Levy funding expended to date; funding committed to date via contracts, memoranda of agreement or other means; and the status of Requests for Proposals (RFPs) to date.

This is the third report applying the new approach being used for the 2009 VHS Levy quarterly reports. Each of the 2009 quarterly reports focuses directly on one of the four levy overarching strategies, rather than providing only brief highlights on all of the strategies. The first quarter report focused on overarching Strategy 1: *Increasing Access to Services for Veterans*. The focus of the second quarter report was on Strategy 2: *Ending Homelessness through Outreach, Prevention, Permanent Supportive Housing and Employment*. The focus of this report is Strategy Three: *Increasing Access to Behavioral Health Services*. It provides a progress report on the implementation to date of the four activities identified in the VHS Levy Service Improvement Plan (SIP) targeting those experiencing a range of behavioral health issues. These services are provided by a number of community based providers.

Background

King County Ordinance 15279, approved in September 2005, placed before the voters a measure to create the VHS Levy. The ballot measure authorized King County to levy an additional property tax of five cents per \$1,000 of assessed value for a period of six years. The ordinance stipulated that the levy proceeds would be split equally, with one-half dedicated to assist veterans, military personnel and their families, and the other half to help other individuals and families in need. The voters of King County overwhelmingly approved the levy in November 2005.

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The county established two citizen oversight boards as called for in the ordinance, and also developed the SIP required by the council to serve as the overarching policy and service plan for expending levy proceeds. The SIP was submitted to the council in September 2006 and approved the following month. The two boards, the Regional Human Services Levy Oversight Board (RHSLOB) and the Veterans Citizen Levy Oversight Board (VCLOB), were convened in February 2007. Throughout 2007 and 2008, the boards worked on their assigned responsibilities of reviewing a multitude of activity-specific implementation plans, serving on many RFP review panels to select community service providers, and receiving briefings on the implementation of levy activities. With only a very few activity plans and Request for Proposal (RFP) processes remaining to be conducted in 2009, board activities have turned to oversight of levy activities, making selected site visits, and educating the public on the VHS Levy and its accomplishments.

The SIP, approved by the council through Ordinance 15632, created five overarching strategies to enhance programs and services to help veterans and their families and other low-income residents throughout the county. These overarching strategies include the following:

- Strategy One: Enhancing services and access for veterans (Veterans Levy Fund only)
- Strategy Two: Ending homelessness through outreach, prevention, permanent supportive housing and employment
- Strategy Three: Increasing access to behavioral health services
- Strategy Four: Strengthening families at risk (Human Services Levy Fund only)
- Strategy Five: Increasing effectiveness of resource management and evaluation.

Each strategy includes several activities. Thirty-one activities in all, each included in one of the above strategies, are specified in the SIP. Detailed plans for implementing each of these activities (called procurement plans if the funds are subject to an RFP, or program designs if the activity is being implemented internally by the county) have been prepared by staff, made available for public review and comment, and closely reviewed by the citizen oversight boards. These plans, as well as annual reports on the accomplishments of the activities, can be viewed on the levy Web site at: <http://www.kingcounty.gov/operations/DCHS/Services/Levy.aspx>.

Financial Update (as of September 31, 2009)

King County Ordinance 15632 created two separate funds for VHS Levy proceeds: a Veterans Levy Fund and a Human Services Levy Fund. Proceeds from the levy are split equally into these two funds. Almost all of the 31 individual SIP activities have progressed from the required board and public review, through the RFP process, and ultimately, to contracting and expenditure of the funds. Each of these activities is funded by either the Veterans Levy Fund or the Human Services Levy Fund, or in many cases, both.

The RHSLOB and the VCLOB have reviewed the plans for each levy activity, and carefully considered feedback from the public (a required step before making the funds available). By the

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end of third quarter 2009, the boards had reviewed activity plans representing \$51.2 million (98.2 percent) of all available program funds, of which \$24.6 million (47.2 percent) has been expended (expenditures will always lag the provision of services, as King County pays on a reimbursement basis after the services have been provided in the community). A total of 20 RFP processes have been conducted to date to disburse levy funds. One RFP to select an agency to develop a dedicated veterans' phone resource is currently in process.

With nearly all of the available funds having been committed, the levy dollars are being put to work in the community. For the Veterans Fund portion of the levy, as of the end of third quarter 2009, a total of \$25.3 million (99.6 percent) of the available dollars had been committed to agencies providing services in the community, or allocated to expanding the range and capacity of the King County Veterans Program. Of the \$25.3 million, \$12.8 million (50.3 percent) has been expended (expenditures lag services because King County pays on a reimbursement basis).

For the Human Services Fund portion of the levy, \$26.6 million (99.6 percent) has been committed to agencies providing services in the community or allocated to expanding the capacity of specified internal programs, such as the Nurse Family Partnership operated by Public Health – Seattle & King County. Of the \$26.6 million, \$11.8 million (44.1 percent) has been expended.

Strategy Three: Increasing Access to Behavior Health Services

The SIP allocated almost \$9 million over the life of the levy to increasing access to behavioral health services to the residents of King County. Accessing mental health and chemical dependency services, especially for individuals who may not be eligible for long-term care in the public mental health system due to their lack of Medicaid eligibility, is a major challenge facing individuals in our communities. Those unable to access needed services are at higher risk of criminal justice system involvement, hospitalization and family disintegration, and the cycle of repeated or prolonged homelessness.

The four levy activities funded under this overarching strategy were all designed to fill gaps in services and provide a continuum of care for people who have been homeless or are at risk for homelessness. The specific strategies provide services for a range of conditions, from minor depression to serious chronic mental illness and/or addiction, and serve both persons who are mobile and comfortable using community health clinic services, as well as those who, for physical or emotional reasons, are best served at home. All strategies were built on programs that already exist in the community. The plans for all the VHS Levy activities may be viewed on the Levy's website at: www.kingcounty.gov/operations/DCHS/Services/Levy/.

This third quarter 2009 report provides an update on the four activities now being implemented under *Strategy Three: Increasing Access to Behavior Health Services*.

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Activity 3.1: Enhance the integration of mental health and chemical dependency with primary care at existing community clinics and public health centers

Many individuals with significant behavioral health needs regularly seek primary care services from the existing network of community clinics and public health centers. This includes individuals who are not generally eligible for enrollment in the publicly funded mental health system, or who may be unwilling to seek services from an identified mental health or chemical dependency treatment program. This levy investment has expanded the ability of clinics and health centers to provide behavioral healthcare as part of primary care for veterans in need and for children and adults who are homeless or are at risk of homelessness.

Several agencies were selected through RFP processes to implement this strategy and develop behavioral health teams at clinics and public health centers. All behavioral health teams in the primary care settings use an integrated, evidence-based treatment model. The teams use a coordinated set of practice guidelines and evidence-based treatment protocols that are designed to identify and improve common mental health disorders such as depression. Persons with severe or complex needs are referred to mental health and chemical dependency agencies for more intensive services, and their care is coordinated between their primary medical provider and the mental health and chemical dependency agencies. The University of Washington (UW) School of Medicine, Department of Psychiatry and Behavioral Sciences and Valley Cities Counseling and Consultation (VCCC) provide psychiatric consultation, staff training, and support information technology development for all clinics in expanding the collaborative, stepped care model. Clinics and mental health agencies use the UW Mental Health Integrated Tracking System, a Web-based client registry and tracking system that allows for real-time patient management, outcomes tracking, and feedback to providers.

The King County Behavioral Health Safety Net Consortium (consortium) is using funds from the Human Services Levy to enhance integrated, mental health and chemical dependency services in over 20 safety net medical clinics. Resources were allocated to areas of greatest need and technical assistance provided to build appropriate caseloads in each clinic. Services began at most agencies in early March 2009.

Consortium members include:

- Health Point
- Country Doctor Community Health Centers
- International Community Health Services
- Harborview Medical Center
- Public Health – Seattle & King County
- Neighborcare Health
- Sea Mar Community Health Centers

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Consortium agencies have enrolled 324 uninsured individuals in the program through the third quarter 2009. Demographic information on those served includes the following:

- Mean client age was 42.8
- Forty percent of uninsured clients have reported unstable housing conditions.

As of the end of third quarter, 214 uninsured individuals were on active caseloads at participating agencies. The following data is available on these clients:

- Ninety-four percent of active uninsured patients were screened for depression, 75 percent of active uninsured patients were screened for anxiety, and 78 percent of uninsured patients have had at least one follow-up contact. For those individuals, the mean number of follow-up contacts is 5.3
- Of active uninsured patients who have been in the program for 10 or more weeks, 43 percent have had a 50 percent or greater improvement on their depression scores and 34 percent have had a 50 percent or greater improvement on their anxiety scores.
- Sixty percent of active uninsured patients have had their diagnosis and medications reviewed by the consulting psychiatrist.
- Seventy-two percent of active uninsured patients are currently receiving psychotropic medications to treat their mental illness in primary care.

Under this activity, levy funds are also being used to leverage resources from the state-funded General Assistance Unemployable (GA-U) Mental Health Pilot. The levy has supported new staff in consortium clinics and expanded psychiatric consultation as of July 2008. Through the third quarter 2009, consortium agencies have enrolled 4,541 GA-U clients in the program.

As of the end of third quarter, 942 individuals were on active caseloads at participating agencies. The following data is available on these clients:

- Psychiatric consultation has been provided for 65 percent of currently active patients.
- Ninety-three percent of active patients were screened for depression. This percentage has steadily increased over the course of the program, as has screening for anxiety and chemical dependency. This is noteworthy progress as prior to the pilot's implementation, very few clients were being screened for the presence of mental health problems.
- Of active GA-U patients who have been in the program for 10 or more weeks, 28 percent have had a 50 percent or greater improvement on their depression scores, and 32 percent have had a 50 percent or greater improvement on their anxiety scores.

Due to the success of the GA-U Pilot program in King County, the Washington State Legislature voted to expand the program statewide as of November 2009.

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HealthPoint and Seattle Indian Health Board (SIHB) in partnership with VCCC are using Veterans Levy funds to pilot mental health services targeting Seattle and South King County military personnel and their families. These agencies have engaged in strategic outreach and engagement efforts to connect South King County veterans and their families to appropriate primary care, mental health services, and other services as appropriate. They have arranged for a trauma clinician with established expertise in war trauma to provide consultation to primary care providers on appropriate screening and treatment, crisis management, and linkage to other services for veterans. In addition, they have arranged for behavioral health and social work staff with specialized expertise in addressing veterans' treatment needs to be in HealthPoint Kent, Renton, and SeaTac primary care clinics, as well as SIHB's International District clinic location.

A total of 231 veterans and 106 family members of veterans have been enrolled in the project at primary care clinics through the third quarter 2009. As of the end of the quarter, 97 veterans and family members of veterans were on active caseloads. The following statistics are available on the veterans and families that have been served:

- Ninety percent of active veterans and their families have been screened for depression.
- Fifty-three percent of active veterans and their families have been screened for anxiety.
- Thirty-three percent of active veterans and their families have had their diagnosis and medications reviewed by the consulting psychiatrist.
- Of veterans who were screened at least twice, 20 percent had a five points or greater improvement in their score, demonstrating a significant clinical improvement in their depression symptoms.

While third quarter data from VCCC trauma and outreach programs is not yet available, during the first two quarters of 2009, VCCC provided outreach to 44 veterans and one military spouse. All the veterans encountered in their outreach efforts during that time period had multiple needs.

The needs identified by the veterans and the number assessed with that need are listed below:

Housing: 26

Educational or vocational assistance: 5

Assistance in obtaining form DD 214: 12

Emergency funds: 12

Healthcare: 8

Employment: 14

Mental health: 16

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Veterans came from the following various conflicts:

Vietnam War: 16

Gulf War: 7

Operation Iraqi Freedom: 8

Operation Enduring Freedom: 1

Global War on Terror: 7

Multiple conflicts: 3

Eleven of these clients consented for trauma screening and six were engaged in specialized trauma treatment at VCCC. The VCCC will be expanding its services to North King County during the fourth quarter and is now hiring additional positions to broaden its service area.

Activities 3.2 and 3.3: Invest in training in trauma sensitive services and Post Traumatic Stress Disorder treatment; Train behavioral health providers to use evidence-based practices for PTSD

According to the SIP, one of the greatest unmet service needs is the recognition and treatment of PTSD. Many individuals may be affected by PTSD, including veterans, school age children of veterans, people with histories of homelessness, individuals and families who have experienced domestic violence or physical or emotional abuse, as well as individuals who have been incarcerated. The SIP specified Activity 3.2 to 1) raise awareness of trauma issues and the skills needed to address them, and 2) support the creation of trauma-informed and trauma-sensitive programs across jails, courts, emergency services, schools, social services, primary care, and housing programs.

As is the case with primary care providers, behavioral health providers in the mental health and substance abuse systems and other service systems are also in need of training and cultivation of skills to effectively identify and address trauma and post traumatic stress disorder in both veteran and non-veteran populations. Consequently, the SIP specified Activity 3.3 to train behavioral health providers, focusing on the implementation of evidence-based practices and the cultivation of trauma-sensitive services.

Given their common focus on PTSD training, these two activities were combined. The Washington Department of Veterans Affairs (WDVA), with its considerable expertise in PTSD and in providing PTSD counseling to veterans, was selected to receive levy funds to develop the curriculum and implement these activities.

First to be implemented was services to school aged children. A multi-disciplinary team including representatives from the Puget Sound Educational Service District, WDVA, VCLOB and King County worked for many months to develop a curriculum to be used in the schools to support children of veterans and military personnel. The curriculum has been completed and staff trained at the two schools where it will be piloted in November 2009. Components of the curriculum are designed specifically for grade school, middle school and high school students. Once the pilot programs are completed, any necessary revisions will be incorporated into the curriculum at which point it will be ready to be implemented more broadly in King County.

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Implementation of Activity 3.2, which focuses on training the general public is also underway. Materials on such topics as military culture, trauma, PTSD and traumatic brain injury have been developed and several trainings have been provided.

The WDVA has begun to develop a curriculum to train behavioral health providers to use evidence-based practices for PTSD (Activity 3.3). An advisory committee comprised of members from both the VCLOB and the RHSLOB and other professionals will begin meeting next month to assist in designing the curriculum. Several strategies are currently under consideration for training the behavioral health providers. In addition, a large conference is planned for 2010.

Activity 3.4: Invest in services to treat depression in chronically ill and disabled elderly veterans, as well as elderly who have transitioned from homelessness to permanent housing

The SIP recognized that many older adults – veterans and their spouses as well as non-veterans – experience depression when their disabilities or chronic illnesses isolate them from health care, counseling and the supports that are available in the community. The Program to Encourage Active Rewarding Lives for Seniors (PEARLS) is an evidence-based program developed through a research grant with the University of Washington and offered through Seattle's Aging and Disability Services (which serves the whole county as the Area Agency on Aging). The PEARLS project has demonstrated that the provision of in-home counseling and support can aid with depression and promote greater community involvement, reducing the risk of homelessness and the need for more costly inpatient and custodial care services.

According to the Center for Disease Control and the National Association of Chronic Disease Directors, approximately 15 to 20 percent of older adults experience depression. This is in turn associated with obesity and risky health behaviors such as smoking, physical inactivity and heavy drinking. According to statistics, older men have the highest suicide rate of any group. Research has demonstrated that older adults experiencing mild depression who received PEARLS intervention experienced a 50 percent reduction in depressive symptoms, and 36 percent achieved complete remission of symptoms. Older adults receiving a PEARLS intervention also experienced greater health-related quality of life improvements and a greater sense of emotional well-being.

A contract has been in place with Seattle Aging and Disability Services to provide PEARLS intervention services since first quarter 2008. Aging and Disability Services conducted an RFP process selecting the African American Elders Program and the International Drop-In Center that serves primarily the Filipino community to implement the services.

During the first eight months of 2009, 56 adults have been enrolled in the 2009 PEARLS program. These include 13 older veterans, 12 spouses of veterans, and 31 non-veteran older adults. In addition, a total of 21 older adults including nine veterans and 12 spouses of veterans completed the PEARLS program in 2009.

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Demographics of those participating in PEARLS during the third quarter 2009 include the following:

- Eighty-four percent of the participants live on very low incomes (less than 30 percent of the median income)
- Thirty-four of the participants are female and 23 are male
- Fifteen are veterans, 12 are spouses of veterans, and 30 have no military service connections
- Thirty-seven participants identify as Asian or Asian-American status; 16 identify as Black, African-American, or other African status; one identifies as Native Hawaiian or Pacific Islander; two identify as White or Caucasian; and one as Multi-Racial
- Thirty-seven identify as refugee/immigrants
- Thirty-seven identify as being limited English speaking, though these are not necessarily the same individuals who identify as refugee/immigrants

During 2009, the African American Elders Program has also engaged in outreach activities to increase enrollment in their PEARLS program. Staff visited the Enumclaw Senior Center, the Veterans Affairs Medical Center, Salvation Army William Booth Center, and two Archdiocesan Housing Authority sites.

Conclusion

The Service Improvement Plan that guides the investment of levy funds has allocated a total of almost \$9 million through the life of the levy to increase access to behavior health services for King County residents. The intent of the four activities specified in the plan under this overarching strategy was to fill gaps in services and provide a continuum of care for people who have been homeless or are at risk for homelessness. As this report illustrates, these activities provide services for conditions from minor depression to serious chronic mental illness and addiction, and serve both individuals who access services at community health clinics, as well as those who are homebound due to chronic illnesses or other disabilities. By addressing service gaps and increasing access to a range of behavior health services throughout King County, the Veterans and Human Services Levy is providing important assistance and improving the quality of life for some of the county's most vulnerable citizens.